

2000 UNIFORM BUSINESS REPORT (UBR)

4/7,

FILED
May 12, 2000 8:00 am
Secretary of State

04-07-2000 90038 046 ****61.25

DOCUMENT # 751844

1. Entity Name

BEL HIGHLAND CONDOMINIUM ASSOCIATION IV, INC.

Principal Place of Business

1102 HIGHLAND BEACH DR.
HIGHLAND BEACH FL 33487

Mailing Address

1102 HIGHLAND BEACH DR.
HIGHLAND BEACH FL 33487-3309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2043091

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOCKTOR, SALLY
1102 HIGHLANDS BEACH DR
HIGHLAND BEACH FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

PST
DOCKTOR, SALLY
1102 HIGHLAND BCH, DR.
HIGHLAND BCH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

VPD
SIMMONS, BOB
1102 HIGHLAND BCH DR
HIGHLAND BCH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

D
FISH, JOHN
1102 HIGHLAND BEACH DRIVE
HIGHLAND BEACH FL 33487

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

D
PIGLI, ELLEY
1102 HIGHLAND BCH DR
HIGHLAND BCH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition

Schwinn, Charles
1102 Highland Bch Dr.
Highland Bch FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCKTOR

4/1/00

561-265-0723

CR2E037 (9/99)